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# The Relationship Between College Year and Depressive Symptoms for University Students

Erik Michael Levinson

*Eastern Illinois University*

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The Relationship Between College Year and  
Depressive Symptoms for University Students

(TITLE)

BY

Erik Michael Levinson

**THESIS**

SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS  
FOR THE DEGREE OF

Master of Arts in Clinical Psychology

IN THE GRADUATE SCHOOL, EASTERN ILLINOIS UNIVERSITY  
CHARLESTON, ILLINOIS

2004

YEAR

I HEREBY RECOMMEND THAT THIS THESIS BE ACCEPTED AS FULFILLING  
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Abstract

The goal of the present study was to examine how gender and grade level relate to depressive symptoms in a sample of university students. Based on previous research, it was expected that students in their first year of college would report more depressive symptoms than nonfreshmen, women would report more depression than men, and that female students in their first year of college would have the highest scores on a depression inventory. The Beck Depression Inventory (BDI) (Beck, 1979) was completed by 131 freshmen and 114 nonfreshmen at a Midwestern university. The final sample included 188 women and 57 men, a sex ratio reflecting the typical undergraduate introductory class in the psychology department of the university. Contrary to expectations, no significant relationships were found between scores on the BDI and gender or grade level. Possible reasons for the lack of significant results are discussed. Findings from the study do suggest, however, that some students, especially female students, reported symptoms of depression that were possibly clinically significant. Future research is needed to help better identify which students are at risk for depression.

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Acknowledgements

I would first like to thank my parents for their love and  
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Look Mom, I finally finished!!!

Dad, please remind Mom that I am done.

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...and to my Tweety, "Poop!"

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Depression in University Students 1

The Relationship Between College Year and Depressive  
Symptoms for University Students

According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV TR) (American Psychological Association, 2000), major depressive disorder is characterized by having one or more major depressive episodes. Major depressive episodes are said to occur when a person experiences at least two weeks of depressed mood or a loss of interest in previously enjoyable activities (APA, 2000). Episodes must also be accompanied by at least four of the symptoms of depression outlined in the DSM IV, such as depressed mood most or all of the day, diminished interest in most if not all daily activities, significant weight loss, insomnia, fatigue, feelings of worthlessness, diminished ability to think or concentrate, recurrent thoughts of death, and/or agitation or motor retardation (APA, 2000). Major depressive disorder and dysthymic disorder are used to describe similar, yet slightly different disorders. Where as depression is seen as a more acute mood disorder, dysthymia takes on less severe depressive symptoms that have a longer duration. The following study is concerned with individuals experiencing depression as defined by the criteria for major depressive disorder. According to the DSM-IV-TR (APA, 2000), the

lifetime risk for major depressive disorder in a community sample has been found to range between 10%-25% for women and 5%-12% for men. In addition, the point prevalence rate is expected to range from 5%-9% for women and 2%-3% for men (APA, 2000).

Many research findings have documented depression in adolescents. Recent studies have suggested that certain factors or life experiences may lead some adolescents to be more vulnerable to the expression of depressive symptoms. Researchers have suggested that people undergoing a major life stressor show higher rates of depression. Social stressors such as changing schools, or familial stressors, such as parental divorce or remarriage, are among the many significant life stressors that adolescents may experience (Merikangas & Angst, 1995; Peterson, Leffert, Graham, Alwin & Ding, 1995). Although not all adolescents will experience a significant familial stressor such as divorce or remarriage, many do experience a transition from one school to another during their college years. Therefore, research has started to target students who are transitioning to college in the onset and course of depression.

Oliver and Burkham (1979) performed a study to determine if age, gender and school year had any effect on

the emergence and severity of depression on college students. Students at St. Louis University were asked to complete depression inventories. Students were chosen randomly out of a school telephone book, which was used for random selection. A negative correlation was found between year in school and depression symptoms, suggesting that under-class students scored higher on depression inventories.

Dixon and Reid (2000) hypothesized that students undergoing a negative life experience would show higher rates of depression. Negative life stressors would be considered a divorce, or death in the family, or other traumatic event. It was suggested that students undergoing positive life events would show significantly lower rates of depression. Examples of positive life events would be accomplishing outstanding personal achievements (i.e. receiving a promotion at work). Further, they believed that students experiencing both positive and negative life events would also show markedly lower rates of depression. Their reason for this was that positive life events would compensate for, and even reduce, the depressive effects of negative life events. In the context of this study, transitions for students may be seen as a negative life experience. If these students are not also experiencing a

positive life event, they may exhibit higher levels of depressive symptoms than those students experiencing both positive and negative life events.

The "Homesick Model" is another suggestion for why students early in their college career are more vulnerable to depression. Fisher and Hood (1987) hypothesized that incoming college students will develop this "homesickness" as a result of moving to a new location, away from their family and home. Fisher and Hood defined homesickness as being preoccupied with home-related thoughts accompanied with symptoms of depression, anxiety and somatic changes. This model supports the suggestion by Peterson et al. (1997) that adolescents will be more prone to exhibiting depressive symptoms as a result of sudden stressors; in this case, the move to college.

Fisher and Hood (1987) take this hypothesis further by suggesting that depressive symptoms may also inhibit a student because of the loss of control felt at the onset of a sudden move to a new location. Fisher and Hood compared college students who had moved from home to college with students who commuted from their homes to college. They administered a mental health questionnaire both before and after the start of the participants' first year in college. Results supported the homesickness hypothesis by indicating

that students who had moved away to college scored significantly higher on the depression scale of the mental health questionnaire than those students who commuted from their home of origin.

There may be a trend for certain groups of students to be more prone to depressive symptoms. For instance, one interesting finding has been that female students seem to score higher on depression surveys than male students of the same age and social group (Allgood-Merten & Lewisohn, 1990). According to evidence from a study by Allgood-Merten & Lewisohn (1990), females undergoing a major life stressor will show greater symptoms of depression than males of the same group.

With few exceptions, many other studies have reported girls and women as having more depressive symptoms than boys and men. In a study performed by Peterson et al. (1995), it was found that girls displayed a higher rate of depressive symptoms as early as the 8th grade. It was also found that sex differences in depression were related to changes that were experienced during the middle school years, such as pubertal development, family stress, and school events. Previous studies have shown that adolescent girls exhibit depressive symptoms at a frequency that is

three to four times higher than adolescent boys (Nolen-Hoeksema, 1994).

Some adolescents may be intrinsically vulnerable to depression. Sudden stressors in their life can trigger a depressive episode, or worsen a pre-existing one (Peterson, et al., 1997). As discussed earlier, one major stressor in an adolescent's life is the transition from one school to another. This is seen as a major stressor for many reasons. The first is the mere fact of having to move to a new school, in an unfamiliar environment. The second reason is that social status and cliques are created or lost in the transition.

A study performed by Beeber (1999) examined the relationship between stressful life situations and self-esteem and depression in college females. Results from this study suggested that negative life events had a significant effect on females' self-esteem and levels of depression symptoms. This study further emphasized the idea that females will report higher rates of depressive symptoms in the face of negative life events.

Three different models have been proposed to explain the gender differences in depression that emerge in the adolescent years (Nolen-Hoeksema & Girgus, 1994). The first model states that boys and girls entering the

adolescent years experience the same etiological factors of depression. However, girls experience such factors more frequently or to a greater extent than boys in early adolescence. An example would be that girls are engaged in emotional experiences sooner in development than boys. The second model proposes that girls and boys have different risk factors for depression and that as adolescents get older, the female factors increase, and, thus, females' exposure to such factors increases. Pubertal development would be a big factor for this second model due to the tendency for females to develop at an earlier age. The third model states that, unlike model 1 and 2, girls have characteristics that directly cause them to be vulnerable to depression which interact with the challenges of adolescence to increase the susceptibility of females to depression. Although all 3 models seem reasonable, Model 3 correlates well with research.

Reasons for the third model stressing girls' vulnerability to depression have been proposed. For instance, the difference in how boys and girls cope with their life stressors is one possibility (Nolen-Hoeksema & Girgus, 1994). It is believed that females have different coping strategies for dealing with stressful situations. Peterson, Sarigiani, & Kennedy (1995) found that when

confronted with a problem, females tend to internalize. This internalizing, or not letting their feelings out, can cause girls to dwell on their problematic situation. This becomes detrimental when they cannot release their negative feelings about their situation and instead ruminate about the original situation. Males, however, do not internalize their problems and find release of their problems and stress through activities such as sports (Birmaher & Brent, 1998; Peterson et al., 1995).

Butler and Nolen-Hoeksema (1994) designed a study to determine the relationship between gender and methods of coping with depressed mood among college students. Students were initially asked to fill out a Beck Depression Inventory (BDI) (Beck, 1961). Subjects in the experimental group read a story that included a series of mood scale questions which were designed to elicit strong emotions. The control subjects were given a neutral task, which was not meant to elicit strong moods or emotions, to perform during this time. Both the control and experimental subjects were then asked to choose either a task involving emotions or a task not involving emotions. Results indicated that there was a significant effect for gender. Women who had read the story related to mood later chose to take the emotional task while those who had been



given the benign story chose the non-emotional task. These results lend proof that women will choose to engage in an emotional task or situation, even when experiencing a sad/depressed mood. This may also be a key element in the tendency for women to ruminate about a sad/depressing event more than men.

In a further study by Butler & Nolen-Hoeksema (1994), a different sample of college students were asked to complete the BDI (Beck, 1979) and Response Styles Question (RSQ) constructed by the authors. The RSQ was used to assess an individual's response to depression or depressing situations. Responses were categorized as either distracting or ruminative. Distracting-type responses were those in which a respondent engages in an activity that draws their attention away from the problem situation. A ruminating response style occurs when an individual experiences recurrent thoughts about a problem situation without any resolve. Results found a positive correlation with high levels of ruminating behavior and high scores on the BDI. Results further indicated that females did report higher levels of ruminative behavior while also scoring higher on the BDI.

A study by Chadwick (1998) examined the occurrence of depression in college age students. A total of 429 college

students were assessed for depressive symptoms using a structured interview. Results found college women exhibited significantly more symptoms of depression than men. Chadwick's findings support (Nolen-Hoeksema & Girgus, 1994) response style theory to explain this difference between genders.

Rosenthal and Schreiner (2000) designed a study to measure the prevalence rates of psychological symptoms among college undergraduates. Rosenthal and Schreiner administered a battery of surveys to a sample group of undergraduate students. The surveys measured a multitude of psychological disorders, including depression. Results indicated that women scored significantly higher in level of psychological symptoms in all of the surveys used, including those assessing symptoms of major depressive disorder.

Many researchers have reported more depressive symptoms in undergraduate women than in undergraduate men. However, a new body of research has emerged which has reported surprising results in contrast to previous studies. For example, Grant, Marsh, Syniar, Williams, Addlesperger, Kinzler & Cowman (2002) compared the occurrence of depressive symptoms in clinically referred and non-referred undergraduate college students. Results

showed that males in either group, clinically referred or non-referred, exhibited significantly higher rates of depressive disorder than females.

There is evidence that depression can have long-term negative consequences. McGuffie and Graff Low (1999) found that college students who have previously been diagnosed as having depression had more long-term residual effects than those students who had not had any severe depression. It was found that students who had been diagnosed in early adolescence as having depression or depressive symptoms continued to exhibit symptoms as long as five years later. Furthermore, depression has been found to lead to more serious problems if not treated. The most serious consequence of depression is suicide. Some reports have found that the rate of suicide among adolescents has increased over the past years to almost equal that of adults (Birmaher & Brent, 1998; Merikangas & Angst, 1995).

A less severe, yet significant, consequence of adolescent depression is the lack of involvement in familial and peer relationships. This may lead to negative interactions with family and peers, which can leave the depressed person feeling isolated, a condition which may further aggravate depressive symptoms (Merikangas, & Angst, 1995). Because of this, depression and its negative

interpersonal consequences may act as a feedback loop maintaining or worsening the initial depression.

There are also academic implications relating to depression. A study performed by Heiligenstein, Guenther and Hsu (1996) sought to determine depression's effect on scholastic performance. Students from a four-year university were recruited from the university counseling center. These participants were asked to complete a depression inventory and a survey which had been previously found to reliably assess academic performance. Results indicated that a subject's level of depression did, in fact, correlate with academic performance. Those subjects who scored high on the depression inventory also demonstrated higher levels of academic impairment.

It is important, therefore, that at-risk groups for depression be identified so that possible suicidal ideation and negative social and academic consequences can be minimized. The present study will investigate further how grade level and gender relate to depression symptoms in late adolescents.

#### *Present study*

The goal of the present study was to expand the body of research on depression. Students transitioning from high school to their freshman year in college and students

who have already completed at least one year of college were studied. It was hypothesized that there would be significant differences in depressive symptoms based on gender and grade level. Based on previous research, it was expected that: (1) Students in their first year of college would report higher rates of depressive symptoms than non-freshman college students. Because non-freshman students should be over their "homesickness" and have experience with life transition, non-freshman students were expected to report fewer depressive symptoms than undergraduates. (2) Based on previous research with the Beck Depression Inventory, female students were expected to report more symptoms of depression than their male counterparts. Based on the previous two hypotheses, (3) Female students in their first year of college were expected to report the most depressive symptoms; non-freshman males were expected to report the fewest depressive symptoms. The following table illustrates these expectations.

Grade level	Gender	
	Male	Female
Freshman (First year of college)	Higher than non-freshman students	Highest level of depressive symptoms
Non-freshman (More than 1 year in college)	Lowest level of depressive symptoms	Higher than male counterparts (lower than 1 <sup>st</sup> year students)

Table represents hypothesized results in this study.

### Method

#### *Participants*

A total of 266 students at a Midwestern university participated. Their ages ranged from 17 to 24 years ( $M = 19.9$  years). The sex of the participants reflected that of the typical undergraduate class in the Psychology Department of the university; 24% were men ( $N = 57$ ) and 76% were women ( $N = 188$ ). Twenty-one students were removed from the final sample: one because she indicated she was a graduate student; seven were non-traditional students over the age of 25; and 13 were transfer students. This resulted in a final sample size of 245 students. The final sample size had an almost perfect split between freshman ( $N = 131$ , 53.5%) and non-freshman ( $N = 114$ , 46.5%). The total non-freshman sample was made of 46.5% sophomores ( $N = 53$ ),

28.1% juniors (N = 32) and seniors 25.4% (N= 29). Table 1 presents a breakdown of grade level and sex of the final sample.

### *Materials*

The Beck Depression Inventory (BDI) (Beck et al., 1961) was used to identify depressive symptoms. The BDI consists of 21 groups of statements and respondents choose which statement in each group best fits how they have been thinking for the past two weeks. The statements are scored on a 4-point scale. For example, the least severe statement in one group, "I do not feel sad," would receive a score of 0, while the most severe response "I am so sad or unhappy that I can't stand it" would be scored as a 3. Total scores on the BDI can range from 0-63. For this study, each student's cumulative score on the BDI was the dependent variable.

The Beck Depression Inventory Manual presents set cut-off scores to detect depressive symptoms. When using the BDI in a psychiatric setting, scores within the range of 10-16 are suggestive of mild depression. Scores within the range of 17-29 may indicate moderate depression. Participants that score 30 and higher may be exhibiting symptoms of severe depression. When the BDI is used as a screening tool in a non-clinical setting, scores of 15 and

higher suggest the participant may be exhibiting some level of depression, with final diagnosis being given after a thorough interview (Beck et al., 1979).

The BDI has been found to have a coefficient alpha range between .86 to .95 (Beck & Steer, 1987). It has also been found to discriminate significantly among subjects with major depressive disorder and dysthymia and those without.

Students also completed a demographic survey. The survey asked students questions about their age, gender and grade level. The demographic survey also included questions to identify students who were in their first year of college, those who had spent more than one year at college, and those who were transfer students. A copy of the demographic survey is located in the appendices.

### *Procedure*

Participants were recruited for this study from the Psychology Department's subject pool and from upper-division courses. Research participation through the subject pool was required for students in the introductory psychology course. Students from upper-division psychology courses were offered extra-credit by their professors for participating.



Participants were assessed (i.e., given the BDI) in group sessions. They first completed an informed consent form (See Appendix A) 1), followed by a demographic questionnaire (See Appendix B) that asked about their age, gender, year in school, and whether they were transfer students. Next, participants responded to the Beck Depression Inventory. For each question, they selected which one of three statements represented how they have been feeling during the past two weeks. The survey itself took approximately 10 minutes to complete once instructions were given. Only one proctor was needed to distribute materials and answer questions related to the survey. Before they left, participants were given a debriefing statement (See Appendix C) that included resources to contact if they had been experiencing any depressive symptoms, as well as a brochure from the university's counseling center.

### Results

For this study, nominal (i.e., gender) and interval (i.e., cumulative BDI scores) data were collected. A factorial design was used to assess if there was a significant difference in the severity of depression between male and female participants at different grade levels. A 2-way analysis of variance was conducted on

gender (male and female) x grade level (freshman and non-freshman).

The mean BDI score for the entire sample was 9.17, a score falling outside the depression range for a non-clinical sample. For all freshman ( $N = 131$ ), regardless of gender, the mean score on the BDI was 9.69. When freshman scores were split by gender, the mean of their scores was 8.63 for males ( $N = 30$ ) and 10.0 for females ( $N = 101$ ).

For all non-freshman participants ( $N = 114$ ), the mean score on the BDI was 8.57, regardless of gender. When divided by gender, the male average score was 8.48 ( $N = 27$ ) and females' was 8.60 ( $N = 87$ ) (See Table 2).

A two-way analysis of variance of cumulative BDI scores (Men/women x freshman/non-freshman) found no significant main effect for grade level  $F(1, 241) = .51$ ,  $p = .48$ , or gender,  $F(1, 241) = .47$ ,  $p = .50$ . The interaction between grade level and gender was also not significant,  $F(1, 241) = .33$ ,  $p = .57$  (See Table 2).

For the total sample size, 18% of the participants scored 15 or higher on the BDI, including 9% of the males and 20% of the females. Out of the total freshman participants, 18% scored at the 15 point cutoff; 17% of the non-freshman participants scored 15 or higher (See Table 3).

## Discussion

The goal of the present study was to examine how gender and grade level related to depressive symptoms in a sample of university students. As suggested by previous studies (e.g., Oliver and Burkham, 1979), one hypothesis was that freshmen would score higher on the Beck Depression Inventory than nonfreshmen students. Although the overall mean score of freshmen was higher than that for nonfreshmen, it was not statistically different. The second hypothesis was that female students would score higher on the BDI than would male students. As a group, the female university students sampled did score slightly higher than male students and more women than men scored 15 points or higher on the BDI, but statistical analysis found no significant main effect for gender. Although female freshmen had the highest mean BDI score, contrary to expectations, there was no significant relationship between grade level and gender. Thus, no significant relationship between gender or grade level and scores on a depression inventory was found in the university students participating in the present study. The sample size was small, but trends in the data suggest that a larger sample would have resulted in significant results. Neither the "homesick model" (Fisher & Hood, 1987) or female

vulnerability to depression model (Nolen-Hoeksema & Girgus, 1994), however, were supported in the present study.

One reason for the lack of significant findings in the present study may be related to the data collected. Only one score, total score on the BDI, was used to measure depressive symptoms. Although the BDI is a respected measure of depressive symptoms (Beck and Steer, 1987), previous research reporting significant findings related to depression and gender or grade level often used more than one dependent variable. For instance, Rosenthal and Schreiner (2000) had university students complete a battery of tests assessing psychological symptoms. Fisher and Hood (1987) collected two sets of data when they administered a mental health questionnaire to students both before and after they began college. Chadwick (1998) gathered various types of information through the use of a structured interview. Only using the results from one test to determine mental health status is not good practice and may have limited the findings in the present study.

Participants completed the BDI in a group setting in a traditional classroom. The seats were not assigned and there were no dividers or other barriers to provide each student with privacy. It is not known whether or not concern over others seeing responses influenced how

students completed the BDI. It is possible that some students selected less severe answers because they feared that their responses might be viewed by someone other than the researcher. Having a more private setting for each student to complete the BDI and having more than one measure of depressive symptoms would have helped control for this type of response bias.

Other limitations of the present study related to the participants themselves. First, the students all were enrolled in courses from a single department at one university and may not have been representative of college students in general. A second constraint of the present study that may have contributed to the lack of significant results related to gender was that three times more women than men participated. Even though the proportion of women to men approximately equaled that of the student body of psychology students at the university, it is not known how a more equal sample of male and female students, which included more male students, would have affected the results. Finally, because the participants were students enrolled in psychology courses, they may have been familiar with depressive symptoms and/or the BDI. This familiarity may have influenced their responses. Future researchers need to seek a more diverse and substantial subject pool

that includes equal numbers of women and men enrolled in various programs of study.

As a group, the average BDI scores for the present sample of university students was below the cutoff for depression suggested in the BDI manual (Beck and Steer, 1987). Some individual students, however, scored above the 15-point cutoff that suggests possible depression. Over 20% or 38 of the women in the present sample scored at or above 15 points, while only 9% or 5 of the male students scored this high. The percentage for women in the present sample is higher than that reported in previous research. For example, Beeber (1999) found that 14% of the female college students in her sample met or exceeded this cutoff. Possible reasons for the higher numbers found in the present study are not clear. Because students' responses were anonymous, it was not possible to carry out follow-up testing or interviews or otherwise gather additional background information on students who scored at or above the 15-point cutoff.

Findings from the present study suggest that some students, especially female students, have symptoms of depression that are possibly clinically significant. Because of the possible long-term negative consequences associated with depression (e.g., McGuffie & Graff Low,

1999; Merikangas & Angst, 1995) and because as the present results indicate, there is some discrepancy in the literature about who is at risk for depression, continued research is needed to help better identify which students are at risk for clinical depression.

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Table 1

Number of Participants who Completed the  
Beck Depression Inventory

<u>Grade Level</u>	<u>Gender</u>		
	<u>Males</u>	<u>Females</u>	<u>Total</u>
<u>Freshman</u>	30	101	131
<u>Non-freshman</u>	27	87	114
<u>Overall</u>	57	188	245

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Table 2

## Mean Beck Depression Inventory Scores

<u>Grade Level</u>	<u>Gender</u>		
	<u>Males</u>	<u>Females</u>	<u>Overall</u>
<u>Freshman</u>	8.63 (6.76)	10.00 (7.88)	9.69 (7.63)
<u>Non-freshman</u>	8.48 (5.94)	8.60 (6.78)	8.57 (6.56)
<u>Overall</u>	8.56 (6.33)	9.35 (7.40)	9.17 (7.16)

NOTE: Standard deviations are in parentheses.

Table 3

Percentage of Participants who scored 15 or higher on the  
Beck Depression Inventory

<u>Grade Level</u>	<u>Gender</u>		<u>Overall</u>
	<u>Males</u>	<u>Females</u>	
<u>Freshman</u>	7% (n = 2)	22% (n = 22)	18% (n = 24)
<u>Nonfreshmen</u>	11% (n = 3)	16% (n = 16)	17% (n = 19)
<u>Overall</u>	9% (n = 5)	20% (n = 38)	18% (n = 43)

NOTE: Actual number of participants meeting the 15 point  
criteria are in parenthesis

Appendix A

Project Title: **Feelings Questionnaire**

**Investigator: Erik Levinson**

I, \_\_\_\_\_ hereby certify that I have been informed by Erik Levinson about the research on the FEELINGS QUESTIONNAIRE. I have been told about the procedures, what my part in them will be, and the time involved for the experiment. I understand there will be minimal risk involved in this research. I understand that any records that can identify me will be kept confidential.

I understand that I have the right to ask questions at any time and that I should contact either Dr. Linda Leal-Psychology Department, 581-2158, or Erik Levinson-glhturbo@yahoo.com for answers about the research.

I understand that my participation is voluntary and that I may refuse to participate or withdraw my consent and stop taking part in this research at any time without penalty or prejudice.

I hereby freely consent to take part in this research project.

\_\_\_\_\_  
**Participant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Experimenter**



Appendix B

**Demographic Questionnaire**

Instructions: Please fill out the following background information. This survey is completely anonymous; **do not write your name on it.**

**Age:** \_\_\_\_\_

**Gender:**    \_\_\_\_\_ **Male**    \_\_\_\_\_ **Female**

**Grade Level (check one)**

\_\_\_\_ **Undergraduate student-----Grade level** \_\_\_\_\_

\_\_\_\_ **Graduate student**

\_\_\_\_ **Other** \_\_\_\_\_

**Check all that apply**

\_\_\_\_ **First year on Eastern campus**

\_\_\_\_ **First year at any college or university**

\_\_\_\_ **Already spent more than one year at a college or university**

### **Debriefing statement**

Thank you for your participation in this research project.

The purpose of this study is to examine the possible effect that a transition to school might have on depressive symptoms. Previous studies have found an increase in depressive symptoms as students transition from elementary school to a middle school. Past studies have also found that women exhibit higher levels of depressive symptoms than men. The study you just participated in is comparing the responses of undergraduate students in their first year of college with those students who have some college experience. Based on previous research, women and students in their first year of college are expected to report more depressive symptoms.

Please do not discuss this research with others who may be participating at a later date.

If you have any questions regarding your participation in this study, please contact this experimenter, Erik Levinson at [glhturbo@yahoo.com](mailto:glhturbo@yahoo.com). You can also contact the supervising faculty member, Dr. Linda Leal-Psychology Department at 581-2158. Thank you again for your participation.

If you think you are experiencing depression or depressive symptoms, please contact at least one of the following:

- **University Counseling Center-581-3413**  
(The University Counseling Center offers free, confidential counseling services to all Eastern Illinois University students)

- **Erik Levinson-glhturbo@yahoo.com**
- **Other faculty in the Psychology Department**
- **Your clergy**
- **Parents, other family members or close friends**

**-Many people struggle with depression. However, depression is a treatable illness-**